

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>1/2/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>10303</i>	<i>4-16</i>
FORMALITY REVIEW	<i>[Signature]</i>		
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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Best Available Copy

If more than 150 claims or 10 actions
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